PATEN	rduction Act of 1995, no pe TAPPLICATION F Substitute	EE DETERMINA	pond to a collection of in	irademark Office: U.S formation unless it de	PTO/SB Nough 7/21/2006, OMB DEPARTMENT OF CO Plays 8 valid OMB control	0651 - MBE
£	•		HON RECORD	4	Dordet Number	d reurn
CLAIMS AS FILED - PART I				7	500	5
BASIC FEE	MUMBER FILED	(Column 2)	SMALLE	NTITY OR	SMALL ENTI	// <b>/</b> -
(37 CFR 1.18(a)) FOTAL CLAIMS		NUMBER EXTRA	RATE	FEE	2172	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS	ศษักษร 20 =			OR.	1	EE
(37 CFR 1.16(b))	minus 3 ±		-     × 3 =	OR OR	K-1 =	
MULTIPLE DEPENDENT CLA	A PRESENT (37 CFR	1.16(dn	-   X 5 - = -	OR OR	x s =	
If the difference in column 1	is less than zero, enter on	(a )	J [+ <u></u> -	· OR	+5	
	AS AMENDED - PAR		TOTAL	OR OR	TOTAL	-
1-1:-56		(T    ·				
(a) GIAI	MS I	umn 2) (Calumn 3)	SMALL ENTI	TV OR	OTHER THAN	
Z 30/A REMAIL	YING NUM	BER PRESENT	1		SMALL ENTITY	
≥ Total .	MINUS "	OUSLY EXTRA	THE	DOI- DNAL	RATE ADDI	
(27 CFR (.15(c)) 57 Independent (27 CFR (.16(b)) 2	90	2	x . 25 .	EE	TIONAL FEE	. :
131 CHR LIEDDI	Minus "3	9 >	x:/00	OR X	:50.	
FIRST PRESENTATION OF MU	LTIPLE DEPENDENT CLAIM	(37 CFR 1,16(d))		OR J	200-	
7 100			TOTAL		360.	$\dashv$
2-17-(comm)	(Colum		ADO'L FEE	OR AD	TAL D'L FEE	$\dashv$
CLAIMS REMAININ	HIGHES	T			-	$\dashv$
AFTER	KUMBE	SV EVTO	RATE ADDI		MTE ADDI	$\forall$
(31.CFR 1,15(c))	Minus "	)	TIONA	"] "	TIONAL	
Endependent (37 CFR 1.16(b))	Minus ···	<del>}   </del>  -	x : <u>Z5</u> =	OR Xi	FEE	$\mathbf{I}$
FIRST PRESENTATION OF MULTI	PLE DEPENDENT OF A STATE		× 100=	OR X 32		1
	CLAIM (37		SBQ=	OR +3		
			OTAL OOL FEE	TOTAL		
(Cotumn 1)	(Column 2)	(Column 3)		CR ADD'T	FEE	_
REMAINING AFTER	HIGHEST NUMBER	PRESENT	RATE ADDI:	7		
Total CHR 1.16(c))	PREVIOUSLY PAID FOR	EXTRA	TIONAL	RATI	- 1 ^UU1- 1	
opendarii CFR 1.16(b))			25 . FEE	1 -	TIONAL FEE	
	Minus .	1 -		OR x150	2.	
ST PRESENTATION OF MULTIPLE	DEPENDENT CLAIM (37 CF	R 1 15(40)	100=	OR x . 20	>	
			BO.	OR +36	2	
e entry in column 1 is less than Trighest Number Previously P Trighest Number Previously P	the entry in columns	ADD	I FEE	OR ADD'L FE	<del></del>	

"If the Tighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1. This collection is estimated to take 12 minutes to complete functuring gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Tradernark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO.9199 and select option 2.